

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

261800 718109

Report / Treatment is required of

Name..... Mejia Bala Age..... 35y Sex..... ♂ F

Address.....

Physician / Surgeon..... Unit IV Ward..... FMTW-7 No. of Bed / Cabin..... 234


Paying / Non Paying

Brief history of case
Clinical Diagnosis Haemorrhagic CVA

Particulars point to be Investigated MRI Brain

Instruction

Date..... ~~12/18~~ 03/10/18

Signature..... 

REPORT